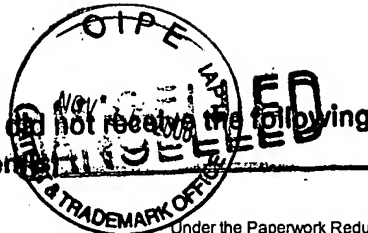


PTO did not receive the following  
item(s):

11-16-08

DRW ✓



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

12 +  
2 Refs.

Application Number

10/748,541

Filing Date

December 29, 2003

First, Named Inventor

Vibeke STRAND

Art Unit

1644

Examiner Name

G. Ewoldt

Attorney Docket Number

252312007900

## ENCLOSURES (Check all that apply)

☒ Fee Transmittal Form plus duplicate  
for fee processing (2 pages)

☐ Fee Attached

☒ Amendment/Reply (Response to  
Restriction/Election of Species  
Requirement) (3 pages)

☐ After Final

☐ Affidavits/declaration(s)

☒ Extension of Time Request (1 page)

☐ Express Abandonment Request

☒ Information Disclosure Statement  
(Supplemental - 3 pages)

☐ Certified Copy of Priority  
Document(s)

☐ Reply to Missing Parts/  
Incomplete Application

☐ Reply to Missing Parts under  
37 CFR 1.52 or 1.53

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a  
Provisional Application

☐ Power of Attorney, Revocation  
Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) \_\_\_\_\_

☐ Landscape Table on CD

☐ After Allowance Communication  
to TC

☐ Appeal Communication to Board of  
Appeals and Interferences

☐ Appeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please  
Identify below):

1. Form PTO/SB/08a/b + copy  
(2 pages)
2. Two (2) References
3. Return Receipt Postcard

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

MORRISON & FOERSTER LLP (Customer No. 35226)

Signature

Printed name

Alicia J. Hager

Date

November 14, 2006

Reg. No.

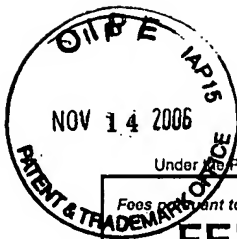
44,140

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 596703483 US, on the date shown below in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: November 14, 2006

Signature

(Lori Sims)



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL**  
**For FY 2006**☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 60.00**Complete if Known**

Application Number	10/748,541
Filing Date	December 29, 2003
First Named Inventor	Vibeke STRAND
Examiner Name	G. Ewoldt
Art Unit	1644
Attorney Docket No.	252312007900

**METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
44	- 44 = 0	x 25.00 =	0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
4	- 4 = 0	x 100.00 =	0.00

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
180.00	0.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x	125.00 =	0.00

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2251 Extension for response within first month 60.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	44,140	Telephone	(650) 813-4296
Name (Print/Type)	Alicia J. Hager	Date	November 14, 2006		